

**Note: This is sample
template it is
not an OMB
approved form.**

Universal 911 Dialing- Second Transition Report

Please read instructions before completing

**Section 1
Carrier Identification Information**

Parent Company Name
Cherokee Telephone Company

Service Provider Name
Cherokee Telephone Company

Company Address, City, State, Zip
P.O. Box 445
Calera, OK 74730-0445

Service Provider Type Wireless x Wireline

Name(s) of Wireless License Holder(s)

Contact Name
Ronald McDonald

Contact Tel #
(580) 434-5375

Fax #
(580) 434-5910

E-mail Address
Ronald@cherokeetel.com

**Section 2
Local Area 911 Implementation**

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Bryan County, Oklahoma

Hughes County, Oklahoma

Pittsburgh County, Oklahoma

For each area listed above, identify the emergency response point to which calls are now being routed.

Bryan County, Oklahoma ----- Durant Police Department

Hughes County, Oklahoma ----- Hughes County Sheriff Department

Pittsburg County, Oklahoma ----- Pittsburg County Sheriff Department

Section 3

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature

Printed name of authorized representative

Title

Date

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.

